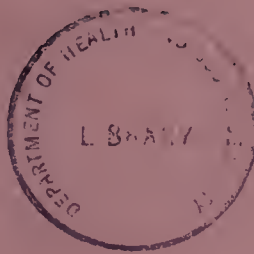


I  
RURAL DISTRICT OF TADCASTER

**ANNUAL REPORT**  
**1968**



MEDICAL OFFICER OF HEALTH AND  
CHIEF PUBLIC HEALTH INSPECTOR



RURAL DISTRICT OF TADCASTER

**ANNUAL REPORT**  
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MEDICAL OFFICER OF HEALTH AND  
CHIEF PUBLIC HEALTH INSPECTOR



*Chairman of the Council:*

Councillor C. Boddy

*Vice-Chairman :*

Councillor H. W. Laing

*Public Health Committee:*

*Chairman:* Councillor C. Boddy

*Vice-Chairman:* Councillor A. Cawood

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*Medical Officer of Health:*

W. Duncan Dolton

*Chief Public Health Inspector:*

E. Witheford

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# ANNUAL REPORT

## of the

### DIVISIONAL MEDICAL OFFICER OF HEALTH

#### 1968

*To the Chairman and Councillors.*

This, my third, Annual Report, again falls into two sections. In the first I comment on those health matters of particular interest to the Council administered by the West Riding County Council. The second part of the report is that of the Chief Public Health Inspector, and relates to the sanitary circumstances of the District.

During 1968 there were a number of changes in the administration of the personal health services. From the first day of the New Year, all children born within the area were recorded on a computer file at County Headquarters. Later in the year the computer began to send out to the parents invitations to have their child immunised, either by the Family Doctor or Local Health Authority. Later in the year the computer was also used to see that all children within the Division had their hearing tested at about 9 months of age.

A complete review was undertaken of the Child Welfare Clinics and Health Visitors' case loads. Following this a number of Clinics were closed and others were held less frequently. I hoped to be able to withdraw Doctors from these Clinics the Health Visitor undertaking immunisations and giving advice about the well babies. There is no question that sick children should be seen by the family doctors. In practice all Clinics have been visited, from time to time, by a Doctor, but many are now staffed most of the time by a Health Visitor and helper. These administrative re-arrangements were made on the grounds of efficiency rather than economy. Clinic Doctors should not duplicate the work of the family doctor, and towards the close of the year plans were being drawn up for Clinic Doctors to see children, by appointment only, for regular assessment of developmental progress — a plan in the best traditions of preventive medicine and a service not yet undertaken by most family doctors. The review of Health Visitors' work disclosed that most were responsible for populations in excess of 5,000 with between four to six hundred pre-school children, for which of course they are directly responsible. The Health Visitors' areas were adjusted and attachments to family doctor practices made whenever possible.

At the end of the previous year, routine school medical examinations had given place to selective examinations, while all children received a pre-school medical at about the age of

4½. These arrangements worked well during the year and allowed school nurses and doctors to concentrate, during visits to schools, on those children with special needs.

Health Education has been a priority topic during the year. Study Groups of Field Workers have met to discuss how best health education may be given to the school child, the expectant and new mother, and the aged. There is now a library of health education material — booklets, leaflets, articles, film strips, at the Garforth Health Centre — for use within the Division. Health Education continues, of course, to be a vital part of the Public Health Inspector's work in advising food traders, householders and the general public on general hygiene.

At the turn of the century Parliament expressed the concern of the public for the then under-privileged children of our nation by setting up the School Health Service. Only very recently has our attention turned to the unmet needs of the under 5's. Your Medical Officer feels that it is time that a service, similar to the School Health Service, was established for those past retiring age. While many school children and many at 70 years are fit, there are some who would, and do, benefit from a medical inspection. Simple defects of hearing and vision can be remedied and add much to the enjoyment of life. Some degenerative conditions can be arrested, or appliances, such as walking aids, provided to make life more tolerable. During 1968 two family doctors within the Division have held regular Clinics for retired folk within the Practice — one in a Local Authority Clinic and the other in the doctor's own surgery. Both have been a success, both in terms of patient satisfaction and the saving of the family doctor's time. I hope that this service will extend in the future.

In previous reports I have refrained from more than general comments on the environmental health of the urban and rural districts which make up the Division. I feel, however, that at this moment of time, when the future of the Medical Officer of Health is uncertain, and indeed, the need for the post debated, that I should place on record some of the environmental problems seen during 1968, without stating specifically which district was involved.

Even to-day the quality of both private and public water supplies leaves something to be desired. On my desk, as I write, are four consecutive water samples in which the type 1 B. Coli counts are 180+, 90, 160, 160 per 100 ml. These were private farm supplies which have long been known to be unsatisfactory from time to time. Unsatisfactory samples of public water supply from another district disclosed that birds had ready access to a water storage tank. The possibility of contamination, not only by bacteria, but pesticides and agricultural chemicals



from surrounding agricultural land, is cause for concern. Turning to the disposal of waste water, the situation is little more satisfactory. Many householders in several districts are periodically subjected to the unpleasantness of sewage discharged over their land. As sewers overflow with storm water, or carry a greater volume than that for which they were designed many years ago, sewage backs up through manhole covers.

It is worthy of comment that while loan sanction has been granted for one large sewage improvement scheme to serve a rapidly expanding urban area, permission has not been granted for the installation of even the most primitive Sewage Works in some rural villages. As I write, some rural streams are nothing more than open sewers. While this may be of little hazard to health, it is unpleasant, and in one case wells for drinking water are situated not far from such a polluted beck.

Animal excreta can of course be as potentially hazardous as that from human beings. In one market town cattle trucks, bringing the animals to market, are hosed down on a hard standing by the public highway. On the days of the cattle market, animal waste products cover the pavement and highway and are transported on boots and shoes to nearby cafés and public houses. It is most gratifying to record that this situation will shortly cease, but even so one cannot be happy when one considers the close proximity of the cattle market to food shops and dwelling houses. The distance can present no barrier to flies and other insects capable of carrying animal diseases to the general population.

During the year dysentery, which one regrets to have to record is now endemic in the area, became epidemic on two occasions. The most impressive thing was how powerless we seem to be in the control of this all too common illness. Cases of food poisoning occur from time to time, but a full scale investigation of a meat processing factory within the area was undertaken during the summer, following the death of a Leeds resident from a salmonella stanley infection. Eleven other people were involved, all of whom had eaten the meat products of this factory. Investigation disclosed poor factory layout, with opportunities of contamination of unprocessed, uncooked and cooked products, and also poor personnel management, in that some of the staff had little appreciation of the necessity for clean food handling.

The importance of cleanliness in commercial food establishments cannot be over-stressed. During the year successful action was taken against one hotel management in respect of the appalling hygiene conditions in the kitchen. In general I continue to be astonished at the apparent public indifference and tolerance of poor standards of hygiene in the food retail trade, and indeed in the ordinary home.

The Division contains a number of potentially hazardous industries, perhaps that most frequently complained of by local residents being a Lead Works. By the very nature of the process unpleasant fumes are emitted, and a certain amount of lead is inevitably discharged into the atmosphere. Indeed, lead levels of over 20,000 parts per million are recoverable from the public highway near the Works. It is a matter of concern to the Medical Officer of Health that the responsibility for the individual health of workers is that of the appointed factory doctor, and that nobody is obliged to report cases of lead poisoning to the Medical Officer. From the point of view of the Chief Public Health Inspector the situation is equally unsatisfactory, as some aspects of factory control lie with the Alkali Inspectorate and others with the Factory Inspectorate. While no cases of lead poisoning are known to have occurred in the public, cases do occur from time to time among the workers.

While appreciating that the Districts are Housing Authorities but not Welfare Authorities, I have been dismayed, from time to time, by the eviction of unsatisfactory tenants. Plainly, even the "problem family" must live somewhere and eviction solves no problems in the long term.

I am pleased to record that, during the year under review, arrangements have been made with the Housing Managers with regard to seeking medical support for rehousing. For the first time there has been a system for a medical inspection and report. It must be stressed that when I do not support, on medical grounds, an application for housing, this does not prejudice the individual's chances and when his application is supported this is not intended, in any way, to force the Committee to allocate a council house. Relations with the Housing Department have been cordial and are becoming steadily closer, and an understanding of each other's problems steadily deeper.

Housing, of course, continues to exert a most profound influence, not only on the life of the individual, but on his happiness.

It is a pleasure to record a year of loyal and conscientious work from the many people who work in the Divisional Offices, in the District Health Departments, and perhaps most important of all, in people's own homes. The many changes have been suffered with good humour and enthusiasm. I thank too the Health Committee for its interested support and guidance during the year.

W. Duncan Dolton,  
*Medical Officer of Health.*

Summer 1969.

TABLE 1  
PRINCIPAL VITAL STATISTICS FOR THE YEAR 1968

	Garforth Urban District	Rothwell Urban District	Stanley Urban District	Tadcaster Rural District	Wetherby Rural District	Divisional Totals
Population (Mid-year 1968)	20,720	27,540	19,410	33,170	29,790	130,630
Live Births:						
Total	543	426	353	618	418	2,358
Legitimate	524	402	338	591	400	2,255
Illegitimate	19(3.5%)	24(6.8%)	15(4.2%)	27(4.4%)	18(4.3%)	103(4.4%)
Stillbirths	4	5	13	4	3	29
Deaths of Infants:						
Legitimate	11	7	5	9	6	38
Illegitimate	—	1	—	2	—	3
Under one week	8	5	3	5	4	25
Under four weeks	8	5	4	5	4	26
Total — under one year	11	8	5	11	6	41
Deaths (All causes)	183	401	181	351	247	1,363

#### CRUDE AND ADJUSTED RATES

Live Births	26.2	15.5	18.2	18.6	14.0	18.1
Live Births (Adjusted)	23.6	15.8	18.0	18.6	15.0	—
Illegitimate Births per 1000 live births	35.0	68.0	42.5	43.7	43.1	43.6
Deaths (All causes)	8.8	14.6	9.3	10.6	8.3	10.4
Deaths (Adjusted)	12.9	10.9	11.1	12.3	10.5	—
Maternal Mortality	—	2.32	—	—	—	0.42
Stillbirths	7.3	11.6	35.5	6.4	7.1	12.1
Perinatal Mortality	21.9	23.2	43.7	14.5	16.6	22.6
Neo-natal Mortality	14.7	11.7	11.3	8.1	9.6	11.0
Early Neo-Natal Mortality (under 1 week)	14.7	11.7	8.5	8.1	9.6	10.6
Infant Mortality:						
All infants per 1000 live births	20.3	18.8	14.2	17.8	14.4	17.4
Legitimate infants per 1000 legitimate live births	21.0	17.4	14.8	15.1	15.0	16.8
Illegitimate infants per 1000 illegitimate live births	0.0	41.7	0.0	74.0	0.0	29.1
Tuberculosis — respiratory	—	—	—	—	—	—
Tuberculosis — other	—	—	—	0.03	—	0.01
Tuberculosis all forms	—	—	—	0.03	—	0.01
Cancer (all forms)	1.74	2.25	1.49	2.11	1.88	1.94
Vascular lesions of the nervous system	0.97	3.59	1.18	1.30	1.31	1.71
Heart and Circulatory Disease	3.57	4.32	3.61	3.68	2.45	3.51
Respiratory	1.11	2.29	1.55	1.66	1.31	1.61
Comparability Factors:						
Births	0.90	1.02	0.99	1.00	1.07	—
Deaths	1.46	0.75	1.19	1.16	1.27	—

All the maternal mortality stillbirth and peri-natal mortality rates are per 1000 live and stillbirths.

## Divisional Vital Statistics

The National Birth Rate continues to fall year by year, being 17.7 per thousand inhabitants in 1966, 17.2 in 1967 and 16.9 in the year under review. The Divisional Birth Rate, while higher than the National average, has fallen from 18.9 in 1967 to 18.1. Even when adjusted for the average age of the population, there are considerable differences between the five districts comprising the Division (See Table 1), ranging from a rate of 23.6 in Garforth to 15.0 in Wetherby.

TABLE 2  
RECORD OF DEATHS IN AGE GROUPS 1968

	GARFORTH URBAN DISTRICT			ROTHWELL URBAN DISTRICT			STANLEY URBAN DISTRICT			TADCASTER RURAL DISTRICT			WETHERBY RURAL DISTRICT		
	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total
Under 1 year ..	6	5	11	6	2	8	2	3	5	8	3	11	2	4	6
1—4 years ..	-	-	-	1	-	1	-	-	-	2	-	2	1	1	2
5—14 years ..	-	1	1	1	2	3	-	1	1	1	-	1	2	-	2
15—24 years ..	2	-	2	4	-	4	2	-	2	2	2	4	2	-	2
25—34 years ..	-	-	-	3	1	4	3	3	6	2	-	2	2	3	5
35—44 years ..	2	1	3	7	6	13	4	3	7	9	7	16	4	1	5
45—54 years ..	6	5	11	15	5	20	4	5	9	15	8	23	12	11	23
55—64 years ..	22	11	33	34	21	55	13	15	28	35	22	57	25	12	37
65—74 years ..	36	21	57	55	55	110	34	18	52	64	40	104	34	29	63
75 and over ..	29	36	65	67	116	183	21	50	71	56	75	131	40	62	102
	103	80	183	193	208	401	83	98	181	194	157	351	124	123	247

The National Death Rate has been almost unchanged for many years. For 1968 it was 11.9 per 1,000 inhabitants, the Divisional Rate for the same year was 10.4. The high crude rate for Rothwell was almost certainly due to the excess of elderly folk who find their last home in St. George's Hospital, most of whom were previously resident outside the area. The adjusted rates of the five districts are all close to the National average.

The ages of death are shown in Table 2. The pattern calls for very little comment. The years between the first and thirty-fifth birthdays are now very safe for both males and females.

The causes of death are shown in Table 3.



**TABLE 3**  
**CAUSES OF DEATH, 1968**

	GARFORTH URBAN DISTRICT		ROTHWELL URBAN DISTRICT		STANLEY URBAN DISTRICT		TADCASTER RURAL DISTRICT		WETHERBY RURAL DISTRICT	
	M	F	M	F	M	F	M	F	M	F
Enteritis and other diarrhoeal diseases ..	1	—	1	—	—	—	2	—	—	—
Other Tuberculosis, incl. late effects ..	—	—	—	—	—	—	1	—	—	—
Measles ..	—	1	—	—	—	—	—	—	—	—
Other infective and parasitic diseases ..	—	—	2	—	—	—	—	1	—	2
Malignant Neoplasm:										
Stomach ..	1	1	5	1	1	1	4	4	—	3
Lung, bronchus ..	8	2	13	3	5	—	11	3	12	7
Breast ..	—	2	—	6	—	3	—	6	—	6
Uterus ..	—	2	—	1	—	—	—	2	—	2
Leukaemia ..	—	2	1	1	—	—	1	1	3	—
Other malignant neoplasms, etc. ..	8	10	18	13	7	12	22	16	13	10
Benign and unspecified neoplasms ..	—	—	1	1	—	—	—	—	—	—
Diabetes mellitus ..	—	1	—	—	—	—	1	2	2	—
Other endocrine etc., diseases ..	—	—	—	—	—	—	—	—	2	—
Anaemias ..	—	—	—	—	—	1	—	—	1	—
Other diseases of blood, etc. ..	—	—	—	—	—	—	—	2	—	—
Mental disorders ..	—	—	1	3	—	—	1	—	—	—
Other diseases of nervous system, etc. ..	1	—	4	—	1	3	3	1	1	1
Chronic rheumatic heart disease ..	3	1	2	1	1	3	1	—	—	2
Hypertensive disease ..	3	2	2	1	2	1	3	3	3	1
Ischaemic heart disease ..	28	15	40	34	25	19	58	33	29	25
Other forms of heart disease ..	5	5	9	17	3	10	7	9	1	3
Cerebrovascular disease ..	7	13	26	73	10	13	20	23	18	21
Other diseases of circulatory system ..	8	4	7	6	2	4	3	5	6	3
Influenza ..	1	—	—	1	—	—	—	1	—	—
Pneumonia ..	5	4	17	16	6	4	16	17	7	14
Bronchitis and emphysema ..	8	2	21	7	7	10	14	4	10	6
Asthma ..	—	1	—	—	—	—	—	1	—	—
Other diseases of respiratory system ..	1	1	—	1	2	1	1	1	—	2
Peptic ulcer ..	2	—	4	—	3	—	2	—	2	—
Appendicitis ..	—	1	—	—	—	1	—	—	—	1
Intestinal obstruction and hernia ..	—	—	—	1	—	—	—	—	—	—
Cirrhosis of the liver ..	1	1	—	1	—	—	—	—	—	—
Other diseases of the digestive system ..	—	3	1	6	—	1	3	2	—	—
Carried forward ..	91	74	175	194	75	87	174	137	110	109

TABLE 3—continued

CAUSES OF DEATH, 1968	GARFORTH URBAN DISTRICT		ROTHWELL URBAN DISTRICT		STANLEY URBAN DISTRICT		TADCASTER RURAL DISTRICT		WETHERBY RURAL DISTRICT	
	M	F	M	F	M	F	M	F	M	F
Brought forward ..	91	74	175	194	75	87	174	137	110	109
Nephritis and Nephrosis ..	1	—	—	1	—	—	1	1	2	—
Hyperplasia of prostate..	—	—	—	—	—	—	—	—	1	—
Other diseases, genito- urinary system ..	1	—	1	4	—	3	1	1	—	1
Other complications of pregnancy, etc. ..	—	—	—	1	—	—	—	—	—	—
Diseases of skin, sub- cutaneous tissue ..	—	—	—	1	—	—	—	—	—	—
Diseases of musculo- skeletal system ..	—	—	—	1	—	1	—	—	—	—
Congenital anomalies ..	1	2	2	1	—	3	3	2	1	2
Birth injury, difficult labour, etc. ..	1	—	1	1	1	—	1	1	—	2
Other causes of perinatal mortality ..	3	2	3	—	1	—	1	1	—	1
Symptoms and ill- defined conditions ..	—	—	—	—	—	2	1	4	—	2
Motor vehicle accidents ..	2	1	6	1	3	—	5	2	3	1
All other accidents ..	2	—	3	2	2	2	7	6	5	3
Suicide and self- inflicted injuries ..	1	—	1	—	1	—	—	2	2	1
All other external causes..	—	1	1	1	—	—	—	—	—	1
TOTALS ..	103	80	193	208	83	98	194	157	124	123

Of the 1,363 deaths in the Division 682 were due to diseases of the heart or circulatory system, 244 to various types of cancer and 210 to diseases of the respiratory tract. About half the deaths from heart disease were due to the now familiar "coronary." 244 were certified as due to cerebro-vascular disease, more commonly known as "a stroke." Each of these fatal but non-infectious diseases killed more people than all the diseases of the respiratory system put together. Indeed, such has been the decline in the importance of pneumonia (106 deaths in the year under review) that it ceased to be notifiable during the year.

Of the 244 deaths from cancer 64 were from cancer of the lung, this is an increase of 16 from 1967, equally divided between males and females. This, of course, means that proportionately there has been a great increase in deaths from lung cancer in women (7 in 1967, 15 in 1968). Epidemiologists have long since forecast an increase in deaths of women from this cause, following the widespread use of cigarettes in the Women's Armed Forces in the 1939-45 war.

While there were 7 deaths from cancer of the womb there were 23 from cancer of the breast. This emphasizes the need of self examination of the breast as a life saving measure. Cervical Cytology is, of course, available to detect early cancer of the neck of the womb. Since this service was offered to women in this Division in 1966, 8 have had the womb removed for malignancy. It would not be unfair to claim that this represents 8 lives saved.

There were 24 deaths from motor accidents during the year, an increase of 5 from 1967. Again, 8 people took their own lives during the year. Even the most optimistic would agree that life can become an intolerable burden at times. Sadly it seems that many folk in this position continue to suffer bravely and uncomplainingly to the end. Those who take their own lives are often, if not always, mentally disturbed. To them life may seem intolerable, while to the outsider there is still much to live for. These people need help. They must be encouraged to discuss their problems with a Mental Welfare Officer, or other skilled Worker, as soon as there is any hint of suicidal tendencies. Unfortunately it is not true that those who threaten suicide never take their own lives.

Table 4 shows that 41 children died in the first year of life—that is 17.4 per thousand live births. This is very close to the National Infant Mortality Rate of 18 per thousand (see Table 1). The causes of death of these children are shown in the table. Again the most common cause of death has been prematurity. Probably the only useful step we could take to reduce this waste of infant life would be for expectant mothers to rest from the 30th week of pregnancy until delivery. This, of course, does not necessarily mean giving up work. A housewife with young children may well find an office job more restful than her home.

**TABLE 4**  
**INFANT MORTALITY IN 1968**  
Deaths from stated causes under one year of age

Cause of Death		Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 1 month	1-3 months	3-6 months	6-9 months	9-12 months	Total under 1 year
1. Prematurity	..	14	-	-	-	14	-	-	-	-	14
2. Congenital Abnormalities											
(a) C.N.S.	..	1	-	-	-	1	2	1	-	1	5
(b) C.V.S.	..	1	-	1	-	2	3	1	-	-	6
(c) Other	..	3	-	-	-	3	-	-	-	-	3
3. Infection											
(a) Respiratory tract		-	-	-	-	-	3	1	-	-	4
(b) Alimentary tract		-	-	-	-	-	-	1	1	-	2
(c) Other	..	-	-	-	-	-	-	-	-	-	-
4. Haemorrhage	..	3	-	-	-	3	-	-	-	-	3
5. Asphyxia											
(a) Neonatorum	..	3	-	-	-	3	-	-	-	-	3
(b) Inhalation of vomit		-	-	-	-	-	-	-	1	-	1
		25	-	1	-	26	8	4	2	1	41

### Infectious Diseases

There were again very few deaths from infectious diseases during the year (Table 3). The notifications of infectious diseases are shown in Table 5. During the year there was a change in the notifiable diseases, Pneumonia becoming no longer notifiable and Infectious Hepatitis becoming notifiable for the first time. It is sad to relate that one of the reasons for making this latter disease notifiable was an attempt to control the illegal self-administration by injection of 'hard drugs.' I am happy to say that there is no suggestion that any of the cases of Infectious Hepatitis recorded in Table 5 were due to this cause.



**TABLE 5**  
**INFECTIOUS DISEASES NOTIFIED DURING THE YEAR 1968**

	DISEASE	Total all ages 1966	Total all ages 1967	Total all ages 1968	Under 1 year	1—4 years	5—14 years	15—45 years	46—64 years	Over 65 years	Age unknown	Cases admitted to hospital
GARFORTH U.D.	Scarlet Fever ..	33	32	10	—	4	5	1	—	—	—	—
	Pneumonia ..	1	—	2	—	—	—	2	—	—	—	—
	Meningococcal Infection ..	—	1	—	—	—	—	—	—	—	—	—
	Whooping Cough ..	6	18	13	1	11	1	—	—	—	—	—
	Erysipelas ..	1	—	1	—	—	—	—	—	1	—	—
	Measles ..	158	102	54	3	33	18	—	—	—	—	—
	Sonne Dysentery ..	—	1	—	—	—	—	—	—	—	—	—
	Food Poisoning ..	—	1	3	—	2	1	—	—	—	—	—
ROTHWELL U.D.	Scarlet Fever ..	63	54	24	—	7	17	—	—	—	—	—
	Pneumonia ..	7	19	14	1	1	—	2	3	7	—	—
	Erysipelas ..	7	4	5	—	—	1	2	—	2	—	—
	Whooping Cough ..	17	101	32	2	17	13	—	—	—	—	—
	Measles ..	210	202	141	6	104	31	—	—	—	—	1
	Sonne Dysentery ..	12	9	107	2	23	38	37	5	2	—	—
	Food Poisoning ..	1	1	3	—	—	1	2	—	—	—	—
	Puerperal Pyrexia ..	1	1	—	—	—	—	—	—	—	—	—
	Infective Hepatitis ..	—	—	9	—	1	2	6	—	—	—	—
	Meningococcal Infection ..	—	—	3	—	—	3	—	—	—	—	3
STANLEY U.D.	Scarlet Fever ..	15	13	12	—	7	3	—	—	—	2	—
	Meningococcal Infection ..	—	—	1	—	1	—	—	—	—	—	1
	Erysipelas ..	—	2	—	—	—	—	—	—	—	—	—
	Whooping Cough ..	2	24	1	—	1	—	—	—	—	—	—
	Measles ..	91	114	99	5	65	29	—	—	—	—	—
	Sonne Dysentery ..	—	—	8	1	2	1	3	1	—	—	1
	Infective Hepatitis ..	—	—	5	—	—	4	1	—	—	—	—
TADCASTER R.D.	Scarlet Fever ..	40	27	7	—	4	3	—	—	—	—	—
	Whooping Cough ..	19	51	7	2	3	2	—	—	—	—	—
	Measles ..	200	447	129	7	73	48	—	—	—	1	—
	Sonne Dysentery ..	36	4	3	—	2	1	—	—	—	—	—
	Pneumonia ..	9	9	7	1	1	1	3	—	—	1	—
	Erysipelas ..	1	—	1	—	—	—	—	1	—	—	—
	Infective Hepatitis ..	—	—	15	—	2	7	4	1	1	—	—
WETHERBY R.D.	Scarlet Fever ..	29	17	16	—	2	14	—	—	—	—	—
	Whooping Cough ..	5	22	17	1	10	6	—	—	—	—	—
	Measles ..	196	420	395	14	225	156	—	—	—	—	—
	Sonne Dysentery ..	16	9	24	—	5	10	9	—	—	—	—
	Pneumonia ..	2	1	—	—	—	—	—	—	—	—	—
	Erysipelas ..	—	1	1	—	—	—	1	—	—	—	—
	Infective Hepatitis ..	—	—	1	—	1	—	—	—	—	—	—

It can be no source of pride that almost without fail industrial Yorkshire has the highest incidence of dysentery in the country. There can be no doubt that this is in large measure due to poor personal toilet hygiene.

In the Urban District of Rothwell there were 107 recorded cases, 83 of these occurred in the month of October in one sharp epidemic. Washing of the hands after visiting the toilet, and before preparing or eating food, is the only effective way of preventing the spread of this unpleasant, and sometimes dangerous, illness.

While there are only 6 recorded cases of food poisoning in the district it is sad to record that 1 death occurred in Leeds in a person who had consumed meat products prepared in a factory situated in this area (see preface).

Some common diseases of animals rarely infect human beings. During the year we had evidence of Anthrax and Brucellosis in cattle, Leptospirosis in rats and Psittacosis in birds. Fortunately there were no known cases of human Anthrax or Leptospirosis, but I suspect infection of bird breeders and handlers by Psittacosis and cattle men by Brucellosis is more common than many of them realise.

The figures for notification of Tuberculosis are recorded separately in Tables 6 and 7.

TABLE 6  
TUBERCULOSIS — NEW CASES NOTIFIED DURING 1968

				Garforth U.D.				Rothwell U.D.				Stanley U.D.				Tadcaster R.D.				Wetherby R.D.			
AGE				Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
				M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
10 - 14 years	..	..	..	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
15 - 19	„	..	..	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
20 - 24	„	..	..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
25 - 34	„	..	..	-	1	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
35 - 44	„	..	..	-	-	-	-	-	1	-	-	1	-	-	-	-	-	1	-	-	-	-	-
45 - 54	„	..	..	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
55 - 64	„	..	..	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	1	-	-	-	-
65 and over	„	..	..	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-
TOTALS	..	..	..	1	1	-	-	3	4	-	-	1	-	-	-	1	-	2	2	-	-	-	-

There were 15 new cases of Pulmonary Tuberculosis during the year, compared with 19 in 1967.

TABLE 7

DISTRICT	PULMONARY		NON-PULMONARY	
	Males	Females	Males	Females
Garforth Urban District	19	18	1	4
Rothwell Urban District	52	28	12	2
Stanley Urban District	5	10	2	1
Tadcaster Rural District	30	19	4	5
Wetherby Rural District	13	16	5	5
	119	91	24	17

The number of cases on the register at the end of the year can be seen in Table 7.

Satisfactory as these figures are we should not become complacent about this disease. In one small village there were four cases on the register in 1963. The following year an inhabitant developed Tuberculous Meningitis. During the next year the village postman died of massive, previously undiagnosed, Pulmonary Tuberculosis. In the year previous to this report another inhabitant was found to have extensive Pulmonary Tuberculosis at postmortem, and yet another case was discovered in the village. In view of this the entire child population of the village was surveyed by the local Health Visitor.

Over 20% (48 of 238 children) of the children were Heaf positive. A Heaf survey of the area in 1966 had shown rather under 5% of children of this age group to be positive. 23 of the children had had B.C.G. as a routine measure and 14 as contacts of a case of Tuberculosis. One of the children had had Tuberculosis in infancy. Of the 9 other positive cases 5 had evidence of a tuberculous infection of the lungs. I am pleased to report that they are now in good health. Many thanks are due to the parents, from whom there was only one refusal, and to the Health Visitor who completed this valuable piece of work single-handed.

It is a sad commentary on human behaviour that nationally Gonorrhoea is now the second most common infectious disease, only exceeded by measles. There can be no doubt that within the next year or so when the effects of measles immunisation are felt, that the sexually transmitted diseases will, for the first time in the history of this island, be the most common infectious diseases. These diseases are not recorded in Table 5 because they are not notifiable. However, during the year 56 males and 24 females from the Rural Districts of the Division attending the special Venereal Disease Clinic, and 93 males and 99 females from the Urban Districts were found to have an infection.

My staff, who are in daily contact with our young people, have the impression that sexual experience in teenage is becoming ever more common. The latest reliable national figures are already some years out of date, but the Schofield Report covering over 1,800 teenagers, showed that by the age of 16, 14% of boys and 5% of girls had had sexual intercourse.

### Personal Health Services

*Care of Mothers and Young Children.* It will be seen from Table 8 that there has been a welcome increase in the percentage of hospital deliveries during the year. However, within the Division there are marked differences between the districts. While 16% of Wetherby mothers have their children at home, 44% of those in Stanley still have home confinements. It is of course less important to ensure that all women are confined in hospital, than that all women who need hospital confinement receive it. I am pleased to record that the great majority of family doctors are now following the admission policies suggested by the Royal College of Obstetricians and the Ministry of Health. There are however, still a few unnecessary tragedies, one such during the year being a baby of a Rhesus Negative mother who was severely affected due to rhesus incompatibility. With closer co-operation between hospital, family doctor, Local Authority and mother, this could never have happened.

Domiciliary midwives continue to be very hard worked, in the Garforth area in particular, where 40% of the 543 births took place in the patient's home.

Health Visitors visited 10,025 children under the age of 5 during the year. Towards the end of the year some of them were already taking their own clinics and giving immunisation in them, without the attendance of a doctor. They have of course been responsible for certain screening tests (deaf testing and phenylketonuria) for some years. Plans for regular developmental screening by Health Visitors were completed during the year ready for operation on the 1st January, 1969.

Case Conferences continued to be a most useful method of liaison with other voluntary and statutory bodies concerned with the care of mothers and children. The Co-ordinating Committee was not called during the year but three extremely well attended luncheon groups, open to all working in this field, were held at Garforth Clinic. It is hoped they will continue in future years.

During the year there was continued expansion of play-groups, of which 27 were known to be in the Division at the end of the year. There were 6 registered child minders.



TABLE 8

	Domiciliary Deliveries		Hospital Deliveries		Percentage of Domiciliary Deliveries	
	1967	1968	1967	1968	1967	1968
Garforth Urban District	203	217	315	324	39.2	40.1
Rothwell Urban District	155	96	278	328	35.8	22.6
Stanley Urban District	199	153	197	192	51.2	44.3
Tadcaster Rural District	170	160	431	458	28.3	26.0
Wetherby Rural District	96	68	343	350	21.9	16.3
	823	694	1564	1652	34.5	29.6

*Care of the School Child.* Following a policy of totally selective medical examinations introduced in 1967, 3,655 pupils received full medical examinations, as compared with 5,034 in the previous year. It is felt that by selection of cases and reduction of the quantity of our service, we can improve its quality.

Of the 43,026 examinations undertaken by school nurses, 145 children were found to be infested. While this is a reduction of 259 from the previous year, examining staff have found isolated areas within the Division where infestation is common even among the pre-school children. This problem is by no means solved. Visual defects were found in 1,100 children, 582 of whom had spectacles prescribed. The hearing of 2,213 children was tested, of whom 58 were referred for further special tests. 37 children were known to be in school with hearing aids — 27 of these being at Bridge House School for the Deaf.

It is slowly being appreciated that emotional upsets can impede learning as much as physical or mental handicap. The team at the Child Guidance Clinic saw 173 children (an increase of 27) during the year.

*Care of the Mentally Subnormal and Mentally Ill.* The four Mental Welfare Officers and two Senior Mental Welfare Officers who work within the Division have continued to be fully occupied. Cases are mainly referred from hospitals, Consultant Psychiatrists and family doctors. There are a few self referrals and members of the public are urged to get in touch with these officers if they have serious doubts about their own mental stability or those of their friends. The eight suicides which took place during the year might have been saved if skilled help had been available. It should always be remembered that those who threaten suicide, often commit suicide, despite the widely held belief to the contrary.

*Care of the Aged.* While the home help and home nurse give help wherever it is needed, the great proportion of their time is spent in caring for the aged. Of the 67,331 home nurse visits (62,300 in 1937), 40,321 (39,377 in 1967), were paid to the aged. Our 263 home helps worked a total of 147,067 hours. Chiropody and pads for the incontinent were services which continued to be widely used and much appreciated.

### **Prevention of Disease**

*Health Education.* The Health Visitors and Midwives have continued to give much Health Education. We have tried to emphasise in the Division that good ante-natal care is not solely preparation for confinement but preparation for parenthood. The former lasts hours only, the latter at least 20 years. Youth Clubs, Wives Groups, other local organisations and of course, schools, have received advice on many subjects. There has been a noticeable increase in interest in the problems of drug taking and sexual behaviour but the public does not seem to be greatly interested in food hygiene, nutrition or the dangers of smoking and obesity. The unnecessary and preventable dental caries experienced by the children in the Division has apparently been of even less concern to those who are in a position to take the important step of fluoridation of the public water on their behalf.

*Vaccination and Immunisation.* For many years we have been able to protect our children against polio, tetanus, diphtheria, whooping cough, smallpox and tuberculosis by these measures. During the year measles was added to this list as vaccine became available for priority groups. It is to be expected that measles will become uncommon within five years and if the campaign is pushed energetically, we can hope for total eradication within 10 years. The number of children immunised can be seen from Tables 9, 10 and 11. There has been a considerable drop in the number of primary immunisations undertaken during the year, but this has been due to a change in County policy in that immunisation is now started when the baby is six months of age and not three months as previously. The computer situated at County Headquarters, Wakefield, is now responsible for sending the invitations to parents for their child to receive immunisation, whether it be from the family doctor or the Local Authority Clinic. Only 755 children received smallpox vaccine during the year, compared with 2,028 in 1967. Whilst smallpox vaccination must continue to be of great importance in the general population around our sea and air ports and in centres of immigration, it is at least arguable whether we should continue to advocate this as a routine procedure to our parents.

# VACCINATION AND IMMUNISATION

TABLE 9

Primary Immunisation Course	Children born in Year :—					Total
	1968	1967	1966	1965	Pre-1965	
Poliomyelitis	470	628	48	17	129	1292
Diphtheria	472	726	37	14	111	1360
Pertussis	472	724	33	13	17	1259
Tetanus	472	726	37	14	146	1395

TABLE 10

Re-inforcing Doses	Children born in Year :—					Total
	1968	1967	1966	1965	Pre-1965	
Poliomyelitis	—	228	424	47	2552	3251
Diphtheria	—	222	507	54	2506	3289
Pertussis	—	212	452	27	81	772
Tetanus	—	222	507	56	2531	3316

## SMALLPOX VACCINATION

TABLE 11

Age at date of vaccination	Number of persons vaccinated (or re-vaccinated during year)	
	Number Vaccinated	Number Re-vaccinated
0—3 months	2	—
3—6 „	6	—
6—9 „	3	—
9—12 „	8	—
1 year	509	—
2—4 years	186	6
5—14 „	41	36
TOTAL	755	42

Protection against T.B. is given by B.C.G. and 841 school-children were vaccinated during the year, in addition to 66 children who were contacts of known cases.

*Early Detection of Disease.* Whilst all are agreed that "a stitch in time saves nine," the application of this principle to the pre-symptomatic detection of disease has not been as easy as was at first hoped. Cervical Cytology has been much publicised to detect early cancer of the womb. There can be no doubt if this procedure was undertaken regularly for all women at risk, many lives would be saved. However, the efficiency in practice of this procedure is now in some doubt. It is imperative that the medical profession does not make promises to the public which it cannot fulfil.

Similarly your Medical Officer is not convinced of the wisdom of screening for phenylketonuria. Plainly any measure designed to reduce human suffering must be considered on humanitarian as well as cost benefit grounds. While it is arguable that a mass phenylketonuria screening programme may save the cost of a lifetime in an institution for the mentally defective, some parents whose children have phenylketonuria have been so upset at the necessity to stick to a strict and unpalatable diet, that the family unit has been seriously threatened by this medical interference.

During the year there was public interest in the possibility of determining the presence of certain congenital abnormalities in babies before birth. Examination of the "water" in which the baby lies in the uterus can disclose abnormalities of the foetal chromosomes. It has been suggested that mongols detected in this way might be aborted. Horrified as I am at present public attitudes to the legislation of murder of babies in utero, I am forced to the conclusion that for the sake of these very babies abortion might be the correct line of action in some cases. It is sad to record that rejection of these children, often by middle class parents, seems to be on the increase. It appears that parents do not realise that one in 40 children are born with a serious abnormality and that this is one of the responsibilities and risks one takes when embarking upon parenthood. If our parents continue to feel that they have the right to repudiate their offspring if they are not to their entire satisfaction, I will with sorrow join the ranks of those who advocate a freer use of abortion.



**TADCASTER RURAL DISTRICT COUNCIL**  
**ANNUAL REPORT**  
**of the**  
**CHIEF PUBLIC HEALTH INSPECTOR**  
**FOR THE YEAR 1968**

Council Offices,  
**TADCASTER.**

To : The Rural District Council of Tadcaster.

Mr. Chairman and Gentlemen,

Once again it is my privilege to submit to you the Annual Report of the work of your Sanitary Department for the year ending 31st December, 1968 and a few details relating to the Rural District are given in this preamble.

The district, situated in lower Wharfedale in the eastern portion of the County of the West Riding of Yorkshire, is the seventh largest in acreage in the County. The Boundaries of the district are contiguous with those of the cities of Leeds and York, the Borough of Castleford, the Urban Districts of Garforth and Rothwell and the Rural Districts of Wetherby, Nidderdale, Derwent, Selby and Osgoldcross. No changes in the boundaries took place during the year.

The administrative centre of the district is at Tadcaster, the present modern buildings being opened in 1937 and extended in 1967. The District forms part of the Barkston Ash Parliamentary Division, with the exception of the parishes of Great and Little Preston and Swillington, which are in the Normanton Division.

Your District has previously been described as a typically well-balanced rural unit, and a glance at Table 1 which follows this preamble confirms this. Being a Rural District, agriculture is the predominant industry, but other industries are also present. As is well known the town of Tadcaster has an old but very extensive brewing industry, whose products are widely known throughout a large area of the Country. Part of the western side of the District lies within the Yorkshire coalfield and several villages are almost solely engaged in the mining of coal. There are other industries such as the manufacture of weighing machines and gasworks plant; a large bacon factory

and a large paper mill. Other establishments come under responsible departments of the Crown. Light industry is still being attracted to a former aerodrome at Sherburn-in-Elmet.

The Highest point in the district is 400 feet o. d. at Thorner Lane, Whinmoor, and the lowest point, 24 feet o. d. is near Biggin. Two major trunk roads, A1 (Great North Road) and the A64 (Leeds/Tadcaster/York/Scarborough) pass through the Rural District.

Details of the work of the department will be found in the appended report.

I take this opportunity to express my appreciation of the support given by the Chairman, Members and Officials of your Council.

I am,

Your obedient servant,

ERNEST WITHEFORD,

Chief Public Health Inspector.

# TADCASTER RURAL DISTRICT COUNCIL

## TABLE 1 — 1968

The table given below indicates in parish order several of the main details relating to the statistical and sanitary circumstances of the district as follows :—

	Area Acres	Census 1961	No. of dwellings	R.V.	Houses with piped water	Sewage Disposal
Aberford	1580	836	343	25390	342	Yes
Acaster Malbis	1874	271	66	6237	64	Part
Acaster Selby	1542	55	17	623	17	No
Appleton Roebuck	2914	345	163	7324	160	Yes
Askham Bryan	2005	432	278	34294	276	Yes
Askham Richard	982	227	51	3838	51	No
Austhorpe	302	120	33	1814	33	No
Barkston Ash	1168	249	95	6434	95	Yes
Barwick-in-Elmet	4775	3087	1852	129779	1848	Yes
Biggin	718	83	26	855	21	No
Bilbrough	1447	198	99	8810	97	Yes
Bishopthorpe	705	1263	894	62420	892	Yes
Bolton Percy	2334	218	91	3815	90	No
Catterton	742	39	10	404	10	No
Church Fenton	1977	652	235	15539	234	Yes
Colton	1208	155	48	3067	45	Yes
Copmanthorpe	1658	1027	452	32968	452	Yes
East Tadcaster	578	2068	727	46552	727	Yes
Great and Little Preston	1039	1078	354	25119	354	Yes
Grimston	888	31	14	1407	14	No
Healaugh	2771	225	70	3401	70	Yes
Huddleston-with-Newthorpe	1572	102	38	3041	36	No
Kirkby Wharfe	1239	82	33	1483	32	No
Lead	1057	37	9	332	6	No
Little Fenton	781	85	25	1144	25	No
Ledsham	1971	125	59	10659	56	Yes
Ledston	1985	346	131	33696	130	Yes
Lotherton-cum-Aberford	1093	237	81	3387	81	Yes
Micklefield	1777	1860	673	31287	673	Yes
Newton Kyme	1373	236	85	33519	82	Part
Oxton	660	40	13	1018	12	No
Parlington	1773	141	55	2032	54	Yes
Ryther-cum-Ozendyke	2707	325	79	7787	75	Part
Saxton-cum-Scarthingwell	2720	294	103	8722	101	Yes
Sherburn-in-Elmet	4859	2776	1118	122365	1114	Yes
South Milford	3100	1042	515	38615	514	Yes
Steeton	1142	44	15	2100	13	No
Sturton Grange	877	34	10	586	10	No
Stutton-cum-Hazlewood	2795	359	324	21033	319	Yes
Swillington	2585	2438	1181	94977	1180	Yes
Towton	887	132	36	1696	36	Yes
Ulleskelf	1322	1162	239	49342	237	Yes
West Tadcaster	1500	2135	1140	174533	1140	Yes

72982	26695	11881	1063341	11818
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Gas and Electricity Hereditaments

26679\*

1090020

## NEW HOUSING CONSTRUCTION — 1968

### Housing Statistics

(Table 1) given below, indicates in Parish order where the new houses (402 in total) were completed, and it also shows the new dwellings under construction at the end of the year. The private development has taken place mainly in the parishes of Aberford, Askham Bryan, Bishopthorpe, Barwick-in-Elmet, Sherburn-in-Elmet, South Milford, Swillington and West Tadcaster. No additional dwellings were provided during the year by the conversion of one house into two or more houses.

73 Council Houses were completed during the year, and Mr. E. D. Tetlow, the Council's Housing Manager, informs me that at the end of the year the total number of dwellings controlled by the Council was 2,918, and that the revised number of applicants for the tenancy of Council houses was 508.

**HOUSING STATISTICS — TABLE 1**

Parish	New Houses completed		New Houses under construction	
	Council	Private	Council	Private
Aberford		19		4
Acaster Malbis		1		1
Appleton Roebuck				4
Askham Bryan		23		
Askham Richard		1		1
Barkston Ash				1
Barwick-in-Elmet		99		22
Bilbrough		3		1
Bishopthorpe	10	48		7
Bolton Percy		6		3
Church Fenton		2		
Colton		3		
Copmanthorpe		10		2
Great and Little Preston		10		7
Ledsham		1		1
Ledston			8	5
Micklefield	8			
Parlington		1		
Ryther-cum-Ozendyke				1
Saxton-cum-Scarthingwell		2		2
Sherburn-in-Elmet		20		17
South Milford	11	18		12
Sutton-cum-Hazlewood		14		7
Swillington	30	17		7
Ulleskelf	4			1
West Tadcaster	10	31		4
	<b>73</b>	<b>329</b>	<b>8</b>	<b>110</b>

# TADCASTER RURAL DISTRICT COUNCIL

## HOUSING ACTS 1936 TO 1957

Table 2 (Housing Statistics) given below indicates the details making up the Council's Five-year programme in connection with unfit houses throughout the District. This is the programme which was considered by the special Sub-Committee of the Public Health and Housing Committees in October, 1954.

	Original Survey Total	No. in confirmed orders not re-housed	Already dealt with	Remaining to be represented	Total to be re-housed	Total houses represented in Post War period to 31.12.68
Aberford	64	—	5	60	60	42
Acaster Malbis	7	4	1	2	6	13
Acaster Selby	1	—	—	1	1	3
Appleton Roebuck	9	—	—	1	1	9
Askham Bryan	15	2	2	13	13	15
Askham Richard	1	—	—	1	1	1
Austhorpe	6	—	2	4	4	—
Barkston Ash	21	2	13	5	8	5
Barwick-in Elmet	31	—	11	20	20	25
Biggin	7 *	2	2	3	5	1
Bilbrough	7	—	1	6	6	2
Bishopthorpe	14	—	5	9	9	14
Bolton Percy	3	—	—	5	3	4
Catterton	—	—	—	—	—	—
Colton	5	—	1	4	4	1
Copmanthorpe	14	—	1	13	13	19
East Talcastor	59	—	5	56	56	76
Grimston	—	—	—	—	—	3
Healaugh	6	—	—	6	6	7
Huddleston-with-Newth'pe	1	—	—	1	1	—
Great & Little Preston	195	84	50	61	145	199
Kirk Fenton	18	7	4	7	14	26
Kirkby Wharfe	1	—	—	1	1	—
Lead	—	—	—	—	—	—
Little Fenton	1	1	1	—	1	1
Ledsham	13	1	—	12	13	31
Ledston	8	—	1	7	7	5
Lotherton-cum-Aberford	17	1	7	9	10	19
Micklefield	21	—	—	21	21	51
Newton Kyme	—	—	—	—	—	—
Oxton	—	—	—	—	—	—
Parlington	—	—	—	—	—	2
Ryther-cum-Ozendyke	8	—	—	8	8	10
Saxton-cum-Scarth'gwell	16 *	9	7	—	9	5
Sherburn-in-Elmet	15 *	3	—	12	15	19
South Milford	11	—	1	10	10	39
Steeton	—	—	—	—	—	—
Sturton Grange	—	—	—	—	—	—
Stutton-cum-Hazlewood	23	—	11	21	21	22
Swillington	22	—	11	11	11	47
Towton	3	—	1	2	2	3
Ulleskelf	13 *	—	6	7	7	3
West Tadcaster	103	—	2	101	101	94
	752	114	140	499	613	816

\* This figure of 752 includes houses in the parishes marked with an asterisk which were still occupied but where Clearance Orders or Demolition Orders had been made prior to September, 1939. At the end of 1968, 754 houses had been demolished in the Post War period, and 2 families in condemned houses were awaiting re-housing.



## Housing Statistics

(Table 3) given below indicates in parish order the details concerning the representation of Individual Unfit Houses during the year.

Under the provisions of section 16 of the Housing Act, 1957, if a house is unfit for human habitation and is considered to be not capable of being rendered fit at a reasonable cost, it can be the subject of an "official representation." This representation is in the form of a report on the condition of the house in question and is signed by your Medical Officer of Health and myself. If this representation is accepted by the Council they are required to serve on the owner or person having control of the house what is known as a "time and place" notice. This notice gives the owner or his representative the opportunity of appearing before the appropriate committee of your Council to state his case regarding the future of the house in question, or alternatively, he may submit in writing an offer to :—

- (a) have the house repaired to the satisfaction of the Council,
- (b) change the user of the house from domestic to some other user approved by the Council,
- (c) give an undertaking to discontinue the use of the house for human habitation until the Council are satisfied that it has been made fit, and cancel the undertaking.

If no offer is made at all concerning the house, the Council is required to make a Demolition Order, or alternatively, they make a Closing Order.

Under the provisions of section 24 of the Housing Act, 1957, an owner of a house which is the subject of an operative Demolition Order, may submit to the Council a scheme for the renovation of the house to make it fit. The Council if they are satisfied, may approve the scheme and if the works are completed to their satisfaction they are required to revoke the Demolition Order.

The table also shows the total number of houses demolished during the year, following action taken during 1968, or in previous years.

PARISH	No. of representations	Demolition Orders made or under- takings accepted	Houses demolished
Aberford			6
Appleton Roebuck			1
Barwick-in-Elmet			1
Biggin			1
Church Fenton	1	1 (D.O.)	
East Tadcaster	5	4 (D.O.)	19
Ledston			3
Saxton			1
South Milford			1
Swillington		3 (D.O.)	2
Towton			1
	— 6 —	— 8 —	— 36 —

### **PART III — CLEARANCE AREAS**

Your Medical Officer of Health did not represent any Clearance Areas during the year.

### **HOUSING (FINANCIAL PROVISIONS) ACTS, 1958 — 1959 HOUSING ACT, 1964**

#### **Discretionary and Standard Improvement Grants and Adaptations**

Under the above Acts, the Council make grants towards the cost of improving houses, and also for the provision of additional houses from existing units of accommodation, i.e., making one house into two or more houses and also by the adaptation of buildings not previously used as housing accommodation. A brief description of the two types of grant is given below :—

#### **Discretionary Grant :—**

To qualify for this, the work must consist of providing amenities which the house does not already possess, i.e., bath room (with fixed bath or shower) internal water closet; electric or some other form of artificial lighting; a hot water supply; wash basin; the damp proofing of walls and floors; the replacement of old and wasteful types of solid fuel cooking appliances; the provision of additional natural lighting if the existing window areas are too small. Any necessary repairs to the house or building must be carried out (without the aid of grant) at the same time as the improvement works are done, so that when the work is completed the house is modernised to last for at least another thirty years.

In approved cases a grant of up to 50 per cent of the cost of the improvement or adaptation works may be paid. To qualify for a grant an applicant must spend a minimum of £100 per house, and the ceiling figure on which a grant may be paid is £800 : i.e., the grant may vary from £50 to £400, where additional dwellings are provided by the conversion of a house comprising three or more storeys, the upper grant limit may be raised to £500 per dwelling provided, instead of £400 per dwelling. It should be noted that the Council are not permitted to make a grant towards the cost of enlarging a house, such as providing an additional bedroom or the enlargement of existing rooms.

### The Standard Grant

This type of grant was introduced in 1959 and it is a little less ambitious than the Discretionary Grant, as it is confined to five specific items of improvement work, each of which carries a fixed amount of grant or half the cost of the work if less. The items are :—

Water closet within the house	£40
Fixed bath or shower in a separate room	£25
Wash basin	£ 5
Hot water supply to bath (£35) basin (£15) sink (£25)	£75
Food Store	£10
	<hr/>
	£155
	<hr/>

However, under the provisions of the Housing Act, 1964, the ceiling limit of the Standard grant is raised to £350. The additional grant is in respect of the provision of a bath room by means of the adaptation of outbuildings attached to the dwelling or by building a new structure on to the dwelling if the Council are satisfied that it is not reasonably practicable to provide the bath room in any other way; the provision of septic tank drainage where no form of main drainage exists; the installation of a piped supply of cold water in the dwelling for the first time.

An owner, or lease-holder with a lease which has at least 15 years to run, can obtain the Standard Grant as a right. The only requirements are that when the work is done the dwelling must be fit for human habitation and likely to remain fit and available for use as a dwelling for at least fifteen years.

During the year, applications in respect of improvements to 113 houses were received. Of these 112 were approved and one not approved.

The table below indicates in parish order the total number of houses improved by grants during the year, viz :—



Acaster Malbis	1
Appleton Roebuck	1
Barkston Ash	1
Barwick-in-Elmet	7
Biggin	2
Bilbrough	1
Bishopthorpe	5
Bolton Percy	1
Copmanthorpe	1
East Tadcaster	6
Great and Little Preston	2
Ledsham	1
Ledston	20
Micklefield	8
Newton Kyme	1
Parlington	1
Ryther cum-Ozendyke	3
Sherburn-in-Elmet	2
South Milford	2
Ulleskelf	2
West Tadcaster	1
	—
	69
	—

No improvement areas were declared by the Council during the year.

### PRIVY REPLACEMENTS

The work of privy replacements continued steadily throughout the year, and in all 17 replacements were completed. Provision is made in the annual estimates to make grants available towards the cost of this work.

In some parts of the district the work is still held up owing to the lack of adequate sewerage and sewage disposal facilities, particularly in the parishes of Appleton Roebuck, Bolton Percy, Church Fenton, Barkston, Saxton and Ulleskelf, where owners have not been pressed to carry out replacements. When the new sewerage schemes are completed the Council will require all houses to be provided with water closets wherever possible.

At the present time, replacements are carried out in three ways, viz :—

- (a) by the service of Statutory Notices under Section 47 of the Public Health Act, 1936, by the Council being required under the terms of the notice to pay one half of the cost of the work reasonably incurred. A notice under this section may be served only if the building has a sufficient water supply and sewer available.

- (b) by owners voluntarily carrying out the work,, in which case the Council make a grant towards the cost. At the present time the grant is £25 per replacement or half the actual cost, whichever is the lower figure.
- (c) where a grant is available as part of house improvements carried out under the provisions of the Housing (Financial Provisions) Acts, 1958-1959) : Discretionary and Standard Improvements Grants.

The following list in parish order indicates where the replacements were carried out during the year.

Appleton Roebuck	1
Biggin	2
Bolton Percy	1
Church Fenton	2
Ledsham	1
Ledston	1
Newton Kyme	1
Ryther-cum-Ozendyke	3
Sherburn-in-Elmet	1
South Milford	3
Ulleskelf	1
	—
	17
	—

## **DRAINAGE, SEWERAGE AND SEWAGE DISPOSAL**

Table 1, shown earlier in the report, indicates those parishes which are provided or part provided with sewerage and sewage disposal facilities, but at the present time only those sewage disposal works at Askham Bryan, Barwick-in-Elmet, Bilbrough, Healaugh, Ledsham, Ledston Luck, Micklefield, Sherburn, Swillington, Towton and the new works at Tadcaster for domestic sewage treatment, can be regarded as being up to modern standards. Some of these works are now overloaded.

In certain parts of the district, drainage facilities are made available by neighbouring Authorities. In the northern part of the parish of Newton Kyme 47 houses near to the old railway level crossing are drained to the Thorp Arch works of the Wetherby Rural District Council. In the parishes of Great and Little Preston and Swillington 350 properties are drained into the sewers of the Garforth Urban District Council. The sewerage from the villages of Bishopthorpe and Copmanthorpe and also from the Caravan Sites at Acaster Malbis is pumped to the York Corporation works at Naburn.

Certain parts of the district still have sewers and disposal works which are inadequate and which have from time to time

been the cause of complaints. To deal with these unsatisfactory conditions several new schemes have been or are being prepared by the Council's Consulting Engineer and your own Engineer and Surveyor. The position regarding these schemes is described as follows :—

#### **Appleton Roebuck, Bolton Percy and Ulleskelf**

One major scheme approved in principle in 1955. Instead of separate disposal works for this scheme, the Council's Consulting Engineer prepared a scheme to have the sewage from these three villages pumped into the new works at Tadcaster. The sewage from the village of Colton is also to come to the works at Tadcaster. The work commenced in early 1967 and is expected to be completed in mid 1969.

#### **Barkston Ash, Church Fenton and Saxton**

The original scheme for these three villages approved in principle several years ago provided for a separate treatment works at Barkston. This idea has now been abandoned in favour of a new large disposal works at Lennerton, near Sherburn, into which will also be drained the sewage from the villages of Sherburn and South Milford. The Council's Consulting Engineer has prepared this scheme and it is awaiting approval by the Ministry of Housing and Local Government. To cope with the considerable overloading of the existing Sherburn works and to meet the demands of new development, three extended aeration units were installed in 1967.

#### **Ledsham**

Approval was given during 1967 for the extension of these village works to treat the sewage from the new Hotel at the Selby Fork junction of the A1 and A63 roads. The Hotel was opened in the Spring of the year and the extension to the sewage disposal works was completed in 1968.

#### **Askham Richard**

The Council's Engineer and Surveyor has prepared a scheme for the enlargement of the works at Askham Bryan and for a pumping scheme to take the sewage from Askham Richard. This scheme is now awaiting approval by the Minister of Housing and Local Government.

#### **Aberford**

The Council's Engineer and Surveyor has prepared a scheme for new works and some surface water sewerage. The scheme was approved during the year.

### **Acaster Malbis Village**

The Council's Engineer and Surveyor has prepared a scheme for the sewerage of the village, the sewage to be pumped to the York Corporation works at Naburn. The scheme was awaiting approval at the end of the year.

### **Tadcaster Trade Waste Sewers**

The Council's Engineer and Surveyor has prepared this scheme and it was awaiting approval at the end of the year.

Some of the smaller remote parishes and villages still lack sewerage facilities, but it is not possible to forecast when these may be provided.

## **WATER SUPPLY**

### **GROUPING OF WATER UNDERTAKINGS**

On the 1st April, 1960, the major portion of the Council's water undertaking was transferred to Leeds Corporation. The remainder of the Council's water undertaking, i.e., those parishes in the Ainsty area of the District supplied by the York Waterworks Company, were transferred to the Company on the 1st April, 1963.

### **Sources controlled by Leeds Corporation**

#### **Bilbrough**

This is the original Tadcaster supply and the water is derived from a deep borehole in the sandstone about four miles east of the town. It was originally intended that when the Corporation took over this supply its function would be that of a stand-by supply, but pumping continued for part of the year to supply the parishes of Bilbrough, Catterton, Healaugh and Steeton.

The Bilbrough water is very clear, but being from a deep borehole it is rather hard in its raw state. Before being turned into the mains it is softened to give a figure of hardness of 6 - 8 deg. The water is also chlorinated. Five samples of this water were taken for bacteriological examination; and reported as satisfactory. The four villages were switched on to the Derwent supply in June.

#### **Derwent Supply**

This water is abstracted from the River Derwent at Elvington about seven miles to the south-east of York, and the scheme so far as your district is concerned came into operation in the early part of 1965. With the exception of most of the



parish of Barwick-in-Elmet, a small portion of the parish of Swillington and the four parishes served by the Bilbrough borehole (above) the Derwent water is supplied to all those parts of the Rural District served by the Corporation. It is filtered and chlorinated by the Corporation, and has an average degree of hardness of six. Eleven samples from this supply were taken for bacteriological examination, all being reported as satisfactory.

### **Leeds Moorland Supply**

This water is derived from the Corporation's reservoirs in the Washburn valley near Blubberhouses, and also from the Leighton reservoir near Masham. Being a moorland water it is very soft and extremely suitable for domestic use. It is filtered and chlorinated by the Corporation. In its raw state the water is slightly acid in reaction and four samples from a lead service pipe were taken in the area for plumbosolvency examination; all being reported as satisfactory.

### **Distribution**

The Leeds Corporation water is supplied to the following parishes :— Aberford, Austhorpe, Barkston Ash, Barwick-in-Elmet, Bilbrough, Catterton, East Tadcaster, Great and Little Preston, Grimston, Kirk Fenton, Kirkby Wharfe, Huddleston-with-Newthorpe, Lead, Ledsham, Little Fenton, Ledston, Lotherton, Micklefield, Newton Kyme, Oxtun, Parlington, Ryther-cum-Ozendyke, Saxton, Sherburn-in-Elmet, South Milford, Biggin, Healaugh, Steeton, Sturton Grange, Stutton, Swillington, Towton, Ulleskelf and West Tadcaster.

### **York Waterworks Company**

The Company derives its water from the River Ouse, at Clifton, York. It is distributed to the following parishes :— Acaster Malbis, Acaster Selby, Appleton Roebuck, Askham Bryan, Askham Richard, Bolton Percy, Colton and Copmanthorpe. The parish of Bishopthorpe is supplied direct by the Company who levy and collect the water rate in this parish.

It is possible when necessary, for the above parishes with the exception of the parishes of Acaster Malbis and Bishopthorpe to be supplied from the mains now controlled by the Leeds Corporation.

The York Water is filtered and chlorinated by the Company, and has a hardness figure of 11 - 14 deg. 17 samples of this water were taken for bacteriological examination, 14 being reported as satisfactory and three unsatisfactory.

## Water Supply — General

In the more remote areas of the Rural District, some of the houses depend on wells for their supply. There are also five private boreholes supplying small groups of houses and 38 of these private supplies were taken during the year for bacteriological examination. Of these 35 were reported as satisfactory and 3 as unsatisfactory. At the end of the year over 99 per cent of the houses in the Rural District were provided with piped water.

The water supply throughout the district has continued to be satisfactory in respect of both quantity and quality.

## REFUSE COLLECTION AND DISPOSAL

### Organization

The present fleet of vehicles consists of :—

Four "S & D" Fore and Aft Tippers (two fitted with power presses).

Three "S & D" 50 cu. yd. Pakamatic Vehicles.

Three "Karrier Dual-Tip Vehicles.

One "Weatherill" Hydraulic Loading Shovel for Tip Control work.

All these vehicles are fitted with Diesel Engines.

Two of the above collection vehicles are now only used as spares and brought into use when other vehicles are temporarily out of action.

The district is divided into eight areas, these being as follows :—

Part Ainsty (12 parishes or part parishes)	One "S & D" vehicle and four men
Tadcaster (including 5 parishes or part parishes)	One "S & D" Pakamatic vehicle and 6 men, engaged solely on the emptying of dust bins
Barwick (2 parishes)	One "S & D" Pakamatic vehicle and 4 men
Aberford and Micklefield (5 parishes and 1 part parish)	One "Karrier" Dual Tip vehicle and 4 men
Sherburn and South Milford	One "S & D" vehicle and 5 men
Church Fenton (12 parishes or part parishes)	One "Karrier" vehicle and 3 men

Great and Little Preston  
and Swillington  
(4 parishes)

One "S & D" vehicle and 4 men

Six Part parishes

One "S & D" Pakamatic vehicle  
and 5 men, solely engaged on  
the emptying of dust bins. It  
also collects refuse from the  
married quarters at the Royal  
Air Force Station at Church  
Fenton

### **Collection Period**

For dust bins this is once in seven days, but the period may have to be extended at times due to holidays, sickness and staff shortage. Pail closets are emptied once in seven days and ashpits from four to eight weeks. Fortunately, the number of ashpits and pail closets in the district is steadily diminishing. During the period of holidays or sickness, vehicles and their crews are sometimes switched from one area to another in order to help maintain the service. 286 houses on the Stutton Road estate in Tadcaster use paper sacks as storage receptacles.

The continued use of the larger type vehicle such as the 50 cubic yard "Pakamatic" with its considerable carrying capacity has helped appreciably to cope with the new houses erected each year (402 in 1968) and an order was placed for a further "Pakamatic" to be delivered in 1969. This vehicle will be capable of emptying bulk containers of which ten were also ordered.

### **Disposal**

Disposal is by means of the Pulverisation Plant operated by the Wetherby R.D.C., at Thorp Arch (approximately one third of the districts refuse) and tips at Scarthingwell, Micklefield and Ledston. A tip at East Garforth owned by the Garforth U.D.C. was also used during the year. A quarry at Ellarfield, Sherburn, is also available for use.

### **Labour Force**

The full labour force of 36 men was maintained for most of the year, and the Joint Industrial Council's conditions of service, etc., are in operation.

## **FOOD ADMINISTRATION**

### **Meat Inspection**

#### **Sherburn Bacon Factory**

The slaughter of pigs re-commenced at the Factory on the 20th February, 1968, after a recession of 14 months.

During the part year your Public Health Inspectors and Authorized Meat Inspector made 549 visits to the Factory and 24 hours of overtime worked.

The following is a summary of the number of pigs slaughtered, together with the amount of meat condemned :

Number of pigs slaughtered	48,148	
Condemned	212	Whole Carcases
	441	Part Carcases
	223	Heads
	876	Guts
	4,701	Plucks

### Private Slaughterhouses

During the year 927 visits were made to slaughterhouses and shops; 4 hours overtime being worked.

The following is a summary of the number of animals slaughtered together with the amount of meat condemned :

	364	Bullocks
	118	Heifers
	878	Calves
	18,110	Sheep
	772	Pigs
	4	Goats
Condemned		
	1	Bullock Carcase
	36	Calves Carcases
	36	Sheeps Carcases
	1	Pigs Carcase
	1	Part Pigs Carcase
	2,349	Items of Collective Offal
	estimated weight — 84 cwts.	

Six licensed slaughterhouses operated during the year.

### The Meat Inspection Regulations, 1963

The above regulations came into force on the 1st October, 1963. Briefly, they require that all carcasses of animals slaughtered for human consumption shall be inspected by a qualified inspector of the Council; also, after inspection the carcasses are required to be stamped, the stamp bearing the name of the Council and identifying the inspector who made the inspection.

### General

14 visits were made in connection with the inspection of miscellaneous foods, and the following were condemned :—



1,240 lbs. of Bacon.

32 lbs. of Pork.

44 lbs. of Ham.

136 Tins and Packets of Miscellaneous Foods.

One contravention of the Foods and Drugs Act (a finger bandage in a tinned meat pie) was reported to the Council. Legal proceedings were authorized and the makers of the pie were fined £20.

## **FOOD HYGIENE REGULATIONS**

Given below are some of the details of the various premises and the work in connection with them during the year :—

### **Food Premises**

No. of Grocers Shops 109

No. of Butchers Shops 28

No. of other Food Shops 20

### **Registered Food Premises**

Sale of Ice Cream 88

Manufacture of Ice Cream,

Sausages, Pies, etc. 28

Fried Fish Premises 12

Retail Milk Sellers (with  
premises in the district) 12

Given below is a list of various items of work carried out at premises (including licensed premises) following informal requests from the Department :—

Cleaning and decorating 4

Structural repairs and improvements 3

Hot and cold water with sink or wash  
basin 2

New or additional water closets 3

New urinals 1

Proceedings under the Food Hygiene Regulations were authorized against the occupier of an hotel restaurant for several contraventions of the Regulations. The occupier of the hotel was fined £105.

## **GENERAL SANITATION**

### **Abatement of Nuisances and Repairs to Dwellings, etc.**

Following the service of informal notices, work in connection with 39 of these notices was carried out. These included such items as roof repairs; the remedying of dampness, repairs to floors, gutters, fall pipes, windows, closets, fireplaces, etc., the cleansing of blocked drains and private sewers; the provision and replacement of dust bins and the abolition of ash-pits.

### **Common Lodging House**

14 visits were made to the only Common Lodging House in the District and conditions generally are reasonably good.

**Disinfestation, etc.**

During the year 21 visits were made in connection with the above, and 5 houses were disinfested for insect pests.

**Rent Act, 1957**

No applications for Certificates of Disrepair were received during the year.

**Rodent Control**

This service continued throughout the year and the employment of a full-time operative was maintained, a small amount of his time being diverted to other duties. Altogether, a total of 1,422 visits were made by the rodent operative and your Public Health Inspectors and 671 treatments were given in respect of 382 infestations. These were on refuse tips; sewage disposal works and dykes; sewerage systems; domestic and non-domestic premises; agricultural and horticultural premises. The methods used in rodent control are those advocated by the Minister of Agriculture, Fisheries and Food. The Council is represented on the Area Committee dealing with this work.

**National Assistance Act, 1948**

It was not necessary during the year for the Department to make arrangements for burials under this Act.

**Emptying of Septic Tanks**

During the year a total of 258 septic tanks were emptied. Modern machines are hired from neighbouring authorities and the work is carried out in an expeditious manner without giving rise to complaints. A charge for this service is made based on the rateable value for domestic premises, but for non-domestic premises the actual time is charged. The service is appreciated by occupiers of premises not served by any sewerage system. The septic tanks serving several scattered small groups of Council houses are emptied four times per year. The number of septic tanks in the district is expected to diminish when the new sewerage schemes are completed.

**Offices, Shops and Railway Premises Act, 1963**

The administration of this Act continued throughout the year in which 174 visits were made to the various types of premises. The standard of the premises in the district is generally good.

**Clean Air Act, 1956**

During the year 28 visits were made in connection with this Act, no statutory action being required. Plans for new furnaces are inspected and incorporated in the Building Regulations is a requirement that appliances installed in domestic premises for the burning of solid fuel shall be capable of burning smokeless fuels. Seven applications under section 3, were received and approved during the year.



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